DOCUMENT RESUME

ED 326 374 RC 017 937

AUTHOR First, Richard J.; And Others
TITLE Preliminary Findings on Rural Homelessness in Ohio.
INSTITUTION Ohio State Univ., Columbus. Coll. of Social Work.
SPONS AGENCY National Inst. of Mental Health (DHHS), Rockville, MD.; Ohio State Dept. of Health, Columbus.; Ohio State Dept. of Mental Health and Mental Retardation, Columbus. Div. of Mental Retardation and Developmental Disabilities.
PUB DATE Nov 90
CONTRACT 1-R01-MH-46111
NOTE 31p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Data Collection; *Economically Disadvantaged; Family Characteristics; *Homeless People; Individual Characteristics; Interviews; Poverty; Rural Areas; Rural Economics; Rural Family; *Rural Population; State Surveys
IDENTIFIERS *Ohio

ABSTRACT

This report is designed to present preliminary findings from the first comprehensive study of rural homelessness in the United States. The study was conducted during the first 6 months of 1990, and data were collected from interviews with 921 homeless adults in 21 randomly selected rural counties in Ohio. The sample counties represent 26% of the rural county population in the state. The study was designed to replicate prior research conducted in 1984, thus providing a comparison of the nature and extent of change in the problem of rural homelessness in Ohio over the span of six years. The primary instrument in this study was the Homeless Person Survey that was used in the 1984 study. Findings indicate significant growth in the number of rural homeless persons, as well as some basic changes in their demographic characteristics. The estimated number of homeless in rural Ohio based on the collected sample was 14,462 with the number possibly going as high as 19,616, or 3.4 per thousand. The conclusions drawn from the study include: (1) homelessness is an increasingly pressing rural social problem; (2) rural homeless persons are younger, more likely to be women or mothers with children, more educated and less disabled than their urban counterparts; and (3) patterns of homelessness in rural areas are diverse. Eleven data tables are included, several of which compare variables with the 1984 study. (ALL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED326374

Preliminary Findings on

Rural Homelessness in Ohio

The Ohio State University
College of Social Work
Columbus, Ohio

November 1990

Research supported by:
The National Institute of Mental Health
The Ohio Department of Health
The Ohio Department of Mental Health

U.S. DEPARTMENT OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Beverly Tooney

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

RC 017937

Preliminary Findings on

Rural Homelessness in Ohio

Richard J. First, Ph.D.
Beverly G. Toomey, Ph.D.
John C. Rife, Ph.D.

November 1990

The Ohio State University
College of Social Work
Columbus, Ohio

Research supported by:
The National Institute of Mental Health,
(DHHS Grant Number 1 R01 MH46111)
The Ohio Department of Health
The Ohio Department of Mental Health

ACKNOWLEDGMENTS

When thinking about rural America we envision a scenic countryside and simpler times. To acknowledge that there is poverty and homelessness is to challenge our belief in the way people in small towns and rural areas live their lives.

Close to two thousand Ohioans gave of their time and experience in this effort to construct a more accurate picture of how some people live in rural America. We are particularly grateful to the homeless persons who agreed to be interviewed. During the course of the study, we came to know and appreciate the challenges they face in trying to secure adequate housing, income, and employment in rural Ohio.

We are also grateful for the cooperation and involvement provided by the hundreds of local leaders who gave of their time to answer our many questions about their community and assist us in data collection. The efforts of these Interviewers, Key Advisors and County Coordinators in organizing county data collection plans, case finding and referral, interviewing, and submitting completed interviews to our central office were invaluable.

In our state level office we were blessed with the help of a very able research team that somehow survived the frustrations of everything from not having a place to work to getting all the counties on line. The efforts of the field staff, particularly Rich Greenlee, Linda Royalty and Cathy Young, somehow made things happen in the counties. Were it not for Donna Childs' efforts in getting people paid, answering questions on the 800 line and getting the mailings out, who knows what might have happened.

Several persons who provided consultation to this study must also be recognized. Dee Roth, Chief of the Office of Program Evaluation and Research, Ohio Department of Mental Health, has nurtured our interest in research on homelessness in Ohio since 1984 and in this study provided us with information, advice, and documents necessary to carry out the rural county replication. Dr. Jerry Bean of the Ohio Department of Mental Health provided invaluable consultation on scoring and interpretation of the mental health data, while Lynn Mitchell and Dr. Melvin Moeschberger of The Ohio State University, Department of Preventive Medicine helped prepare the statistical analyses. Other persons who provided significant consultation and assistance to the project included Bill Faith and Alana Shindler of the Ohio Coalition for the Homeless; Pud Baird of the Ohio Association of Mental Health Agencies; and Dr. Virginia Jones, Division of Maternal and Child Health, Ohio Department of Health.

We are also grateful for the interest and support provided by the staff of the National Institute of Mental Health. Their understanding of the need for this type of research and subsequent assistance in coping with fiscal issues made it possible to do a high quality study. We also recognize the Ohio Departments of Health and Mental Health and our University support. Without the financial, technical and political support of these organizations, a study of this scope would not have been possible.

November 1990

Richard First
Beverly Toomey
John Rife

TABLE OF CONTENTS

INTRODUCTION 1

METHODOLOGY 2
- Definition of Homeless Condition 2
- Selection of Counties 3
- Data Collection 6
- Survey Instrument 7
- Data Analysis 8
- Methodological Issues 8

FINDINGS 9
- How Many Homeless Persons Are There? 9
- What are Their Characteristics? 10
  - Demographics
  - Patterns of Homelessness
- What are the Resources and Needs of Homeless People? 14
  - Employment
  - Income
  - Social Networks and Supports
  - Mental Health
  - Physical Health
  - Women and Pregnancy
  - Sexual Activity and Use of Contraceptives
  - Other Problems
- What are the Characteristics of Homeless Families? 16
- Is the Homeless Population Changing? 18

SUMMARY AND CONCLUSIONS 21

REFERENCES 24

PRELIMINARY FINDINGS ON RURAL HOMELESSNESS IN OHIO

INTRODUCTION

> Homelessness is a reality for a growing number of rural Americans; a situation that has received little notice as media and research attention has focused on the highly visible problem of the urban homeless (Patton, 1987, p. 1).

Clearly, we know from research efforts of the 1980s that homelessness has increased rapidly and that the characteristics of the population have and are continuing to change. However, the extent of the problem in rural areas as well as the characteristics of homeless persons in rural areas has not been adequately examined.

Since the mid-1980s, some forty studies of homelessness have been completed in large and mid-sized cities in the United States (Rossi, 1989). These urban studies have documented the rapid growth and changing characteristics of the various groups of individuals and families who have been defined as "the new homeless".

Rural communities have undergone major economic changes in the 1980s as a result of changes in agriculture and the restructuring of the national economy (Flora & Flora, 1989). By the end of the 1980s, reports began to surface that rural homelessness, not unlike its urban counterpart, appeared to be growing (Patton, 1988). During this era, when poverty rates in rural areas increased at a more rapid rate than in urban areas, no empirical data were available on either the prevalence or changing characteristics of the rural homeless population.

The rural homeless are often less visible than their urban counterparts because of the relative scarcity of social service and shelter programs to assist them. Instead, they must rely on relatives, friends, and self-help strategies. The increase in the number of persons who are homeless in rural areas has placed a significant strain on these traditional support systems (Patton, 1987).

Establishing a working definition of rural homelessness is not an easy task. Where is the line between being homeless and inadequately housed? If an individual or family lives in a community without emergency shelter care facilities and moves from friend to friend or family member to family member, are they homeless and if so, when? What role should the values and norms of rural communities play in defining a family as being "on hard times" versus being labeled "a homeless family"?

This report is designed to present preliminary findings from the first comprehensive study of rural homelessness in the United States. Data are presented from the analysis of interviews conducted with 921 homeless adults in 21 randomly selected rural counties in Ohio. This 1990 study of rural homelessness was conducted at The Ohio State University, College of Social Work, through support provided by the National Institute of Mental Health, The Ohio Department of Mental Health, and the Ohio Department of Health. Data collection involved efforts to locate and interview all homeless adults during the period of February 1, 1990 through July 31, 1990. The study was designed to replicate prior research in 16 of the 21 sample counties (Roth, Bean, Lust & Saveanu, 1985), thus providing indicators of the nature and extent of change in the problem of rural homelessness in Ohio over the span of six years. Findings indicate significant growth in the number of rural homeless persons, as well as some basic changes in their demographic characteristics.

METHODOLOGY

This research project involved face-to-face interviews with 921 homeless adults in 21 rural counties in Ohio in 1990. A primary concern in designing this study was the goal of replication and comparison with the 1984-85 Ohio Department of Mental Health study, Homelessness In Ohio: A Study of People in Need (Roth et al., 1985)[1]. Therefore, definitions, instrumentation and field methods were replicated from the first study with some expansion to meet goals of the present study which went beyond the replication.

The Homeless Person Survey was designed to meet four objectives: 1) to estimate the prevalence of rural homelessness in Ohio; 2) to describe the rural homeless population in 1990 by examining the demographic and other characteristics of rural homeless persons; 3) to measure the prevalence of mental health needs in the rural homeless population; and 4) to measure changes in the patterns and characteristics of rural homelessness by comparing the 1984 and 1990 findings.

Definition of Homeless Condition

This study used the same operational definition of homelessness as the 1984 Ohio study. Potential respondents were asked if they had a permanent residence they considered their home. If they replied "no", they were asked where they had stayed the previous night. They were considered homeless if they slept in:

1) limited or no shelter for any length of time;

2) shelters or missions run by religious organizations or public agencies that serve homeless persons and charge no fee or a minimal fee;

3) cheap hotels or motels when actual length of stay, or the intent to stay, is 45 days or less;

4) other unique situations that do not fall into categories 1-3 and the actual length of stay, or the intent to stay, is 45 days or less.

This definition functioned well in both the 1984 and 1990 data collection. However, rural conditions necessitated some interpretations and judgement calls to differentiate between family and friends who were doubling up and homeless from those who had just moved in to share a home for an indefinite period. Criteria were established to discriminate between people who were temporarily "staying" with family and friends from those who were living there "indefinitely". Other applications which were different in the rural areas included judgements about classifying people as homeless if they were staying in housing which would have been considered abandoned and uninhabitable in urban areas but would only be considered inadequate housing in a rural community (such as sheds, barns, old buses and trailers without water or power). These people were considered homeless if they did not own the property, were not paying rent to stay in it and if the shelter did not qualify as a house.

[1]Data for the Homeless in Ohio study were collected in 1984 (February-July), however the report was published in 1985; therefore references are made to the study identifying both years.

Selection of Rural Counties

Following the 1984 plan, Ohio's 88 counties were divided into five geographic regions (see Figure 1). Thirteen counties were eliminated from the study as urban counties. They either had more than 200,000 in population or had a designated rural area less than the state mean of the total rural area per county (mean= 26.7 %). The 75 rural counties remaining were stratified by region. The random sample of 21 included the 16 randomly selected counties from the 1984 study and 5 new rural counties, one randomly chosen from each region. The term "rural" included all counties that are not in the urban designation. The identified rural counties included a variety of economies and population densities such as agricultural areas, small cities supported by small industry, resort areas and areas which are now growing because of adjacent cities. Table 1 presents data supporting the representativeness of the sample counties and a regional comparison of the rural counties. The 75 rural counties include 39.5 percent of the population of the state. The sample counties represent 26 percent of the rural county population in the state. The last three columns present the proportions of the rural population and the sample by regions.

Table 1

Distribution of Rural Population* and Sample in Ohio by Region

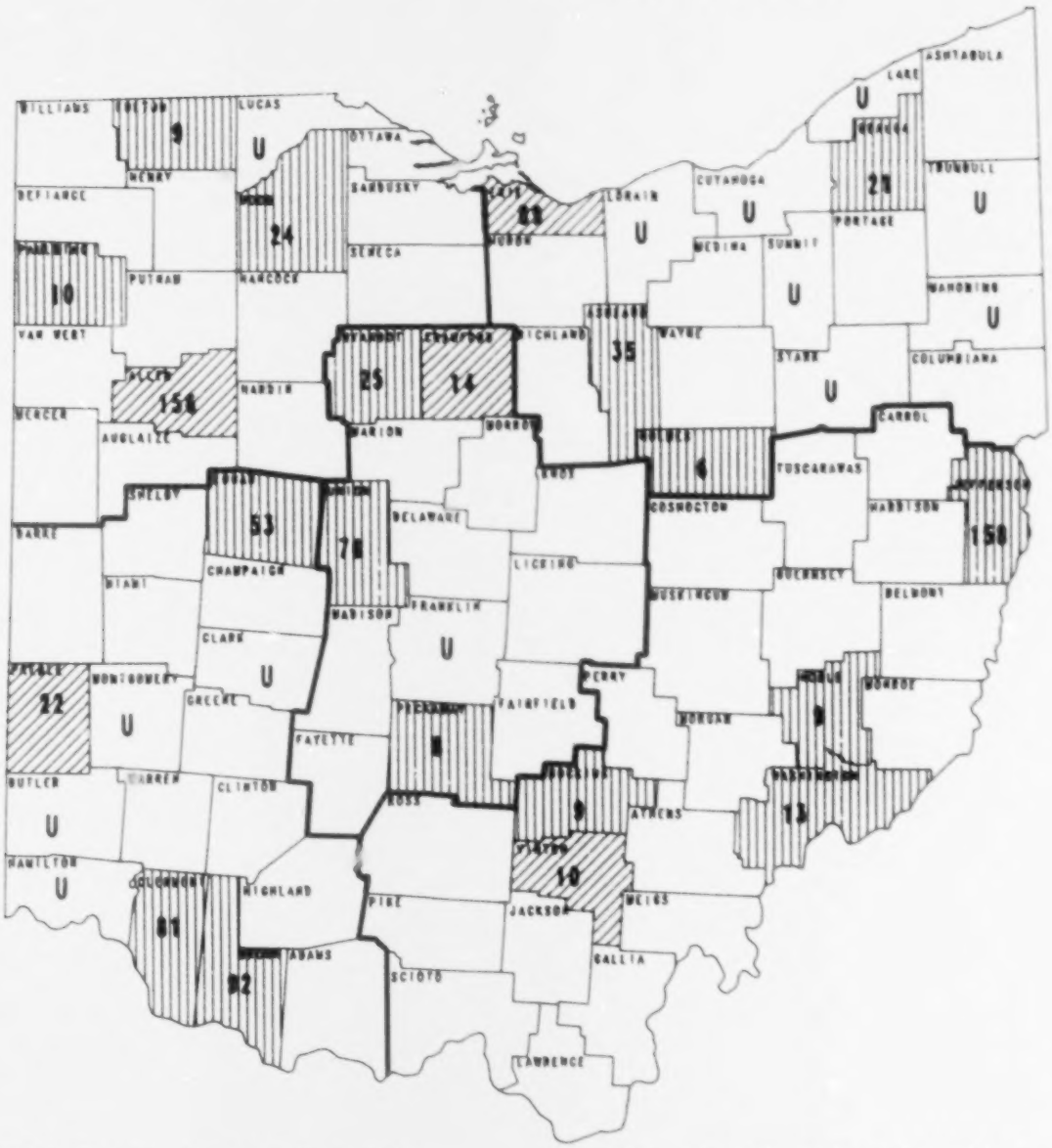
Regions	N of Total Counties	N of Rural Counties	Pop. of Rural Counties	% of State Rural Pop.	% of State Rural Pop. in Sample Counties	% of Sample***
Northwest	17	16	772,931	18.3	6.4	16.4
Northeast	18	11	978,844	23.2	5.4	21.6
Central	13	12	634,754	15.0	3.4	13.4
Southwest	17	13	808,375	19.2	6.2	27.0
Southeast	23	23	1,023,677	24.3	4.6	21.6
Total	88	75	4,218,581**	100.0	26.0	100.0

* 1990 projections, Ohio Data Users Center, 1988.
** Represents 39.5% of the state population.
*** Percentage of completed interviews.

Figure 1

1990 Rural Homeless Sample

Number of Cases by County



1984 Rural Sample N = 189
1990 Replication Sample N = 630
1990 Total Rural Sample N = 921

Replication Counties

New Counties

U Urban Counties

Center for Mapping
The Ohio State University

Table 2 presents a comparison of the samples in 1984 and 1990. Since there were few homeless people in rural areas in the 1984 study (N=189 in the 16 county sample), the total population of homeless persons identified in these counties was interviewed. Because of the difficulty in finding homeless respondents in the 1984 study, Key Advisors were recruited to notify project staff as homeless people were identified in their counties. As a result of this careful purposive sampling strategy, the sample was assumed to be the best estimate of the population of homeless people in the rural counties sampled. In the 1984 study, Interviewers were not usually from the rural communities; rather they were sent in

Table 2

Comparison of Interviews Completed by County - 1984 and 1990

Region and County	Rural Sample 1984 N=189 (16 county) N	%	Replication 1990 N=630 (16 county) N	%	Full Sample 1990 N=921 (21 county) N	%
NORTHEAST REGION						
Erie	-	-	-	-	89	9.7
Ashland	13	6.9	35	5.6	35	3.8
Geauga	0	0	21	3.3	21	2.3
Holmes	0	0	6	1.0	6	.7
TOTAL	13	6.9	62	9.9	151	16.4
NORTHWEST REGION						
Allen	-	-	-	-	156	16.9
Wood	11	5.8	24	3.8	24	2.6
Paulding	2	1.0	10	1.6	10	1.1
Fulton	5	2.6	9	1.4	9	1.0
TOTAL	18	9.5	43	6.8	199	21.6
CENTRAL REGION						
Crawford	-	-	-	-	14	1.5
Union	13	6.9	76	12.1	76	8.3
Wyandot	18	9.5	25	4.0	25	2.7
Pickaway	8	4.2	8	1.3	8	.9
TOTAL	39	20.6	109	17.4	123	13.4
SOUTHEAST REGION						
Jefferson	30	15.9	158	25.1	158	17.2
Washington	7	3.7	13	2.1	13	1.4
Noble	8	4.2	9	1.4	9	1.0
Hocking	10	5.3	9	1.4	9	1.0
Vinton	-	-	-	-	10	1.1
TOTAL	55	29.1	189	30.0	199	21.6
SOUTHWEST REGION						
Preble	-	-	-	-	22	2.4
Clermont	29	15.3	82	13.0	82	8.9
Brown	11	5.8	92	14.6	92	10.0
Logan	24	12.8	53	8.4	53	5.8
TOTAL	64	33.8	227	36.0	249	27.0

when a Key Advisor called. To enhance the probability of capturing the total population of homeless people in 1990, the Interviewers were selected for their knowledge of the counties in which they interviewed. Interviewers and Key Advisors identified people who met the homeless eligibility criteria for the survey.

All adults found in the 21 sample counties who qualified as homeless during a six month period (February-July, 1990), were solicited for an interview. The project attempted to find the full population of homeless people in each county. Those identified and willing were interviewed. Therefore, the sample interviewed should be representative of the 75 rural counties in the state. Table 2 presents the distribution of the 1990 sample as well as the comparison samples of the 16 counties from 1984 and the 16 in replication in the 1990 sample. The 16 counties are fairly similar in sample distribution over the two time periods. The 1990 full sample is most comparable to the actual distribution of rural population by region (See Table 1).

Data Collection

Using the snowball technique and telephone contacts, meetings with advocacy groups, and field visits to the counties, the project staff established a Key Advisors network in each county and selected a person to serve as the County Coordinator. The Coordinator received referrals, assigned Interviewers when necessary and collected and reviewed interviews. The Coordinator was the link with the Interviewers in the counties. Columbus staff members built relationships with knowledgeable local residents to ensure identification and solicitation of all homeless people. Key Advisors and Interviewers screened potential respondents and referred those who were appropriate and willing to the Coordinator or an Interviewer. A screening instrument was completed on those who met the criteria for homeless but either could not or did not want to be interviewed. This data were used to assess the possibility of bias in the sample.

The Principal Investigators supervised central office staff and the County Coordinators for quality assurance of data collection and for troubleshooting. The County Coordinators and the Interviewers were contract employees of the project. The County Coordinators received a monthly retainer, and a fee of $30 was paid to the Interviewers for each completed interview.

As in 1984, this study attempted to locate and interview all of the homeless people in each of the 21 sample counties over the six-month data collection period. Key Advisors, as before, assisted the project in the location of homeless persons. A wide range of Key Advisors helped locate homeless people. They included church leaders, hospital staff, civic club leaders, informal community leaders, bartenders and hotel clerks, laundromat attendants, elected community officials as well as professional service providers such as health department staff, librarians, agricultural extension ag , postal workers, ministers, park rangers, neighborhood action groups, human service case workers, mental health workers and law enforcement officers. The sampling effort was both extensive and intensive.

The project was ambitious in its intent to capture all the homeless people in the sample rural counties throughout the six months of data collection. It took vigorous efforts to identify and fully engage the local case finding and interviewing teams in all 21 counties.

Problems occurred in some of the counties such as resistance by an agency or key individuals to participation in case finding or differences in how the problem was viewed. In counties where the data collection efforts either began slowly or or were not being sustained over time, corrective actions were taken. These corrective actions involved such

central office efforts as ongoing recruitment and training of additional Interviewers, use of finders fees, technical assistance and in some cases deployment of Interviewers from outside the county. Phone and on-site contact was maintained with relevant community groups and individuals on a weekly basis to achieve uniformity and accountability in the decentralized data collection effort.

Interviews with rural homeless people were easily completed once respondents were located. Interviews took place in offices, service settings, diners, motel rooms and cars as well as out-of-the way spots such as state parks, barns, laundromats, bars and under railroad tressels. Interviewers were prepared for these situations and had access to a small fund ($100 per county) in order to offer food or assistance. Interviewers were trained to know community resources and make referrals for respondents who wanted services; however, they were cautioned to respect client wishes and not be coercive or break a respondent's confidentiality. Interviewers reported that most subjects found it helpful to talk about their problems. Many Interviewers were able to assist respondents with referrals or resources so some informal help was provided even though it was not inherent in the project.

Interviewers were carefully selected for their ability to use the instruments reliably and to respect the respondents. It was essential that Interviewers be viewed as trustworthy in their communities since the homeless respondents were often known to them. The ability to find and engage homeless people was also an important factor in selection. Most Interviewers had at least a bachelor's degree and training or experience in the social sciences or human services. More than 200 persons were trained for interviewing however 95 field people and five central office staff conducted all the interviews. The interviewing staff was made up of both men and women of all age groups from college students to senior citizens. They were predominantly white but there were African American and Hispanic Interviewers as well.

To assure standardized use of the instruments, a training manual was provided to all Interviewers. The project staff conducted more than a dozen four-hour training sessions for all County Coordinators and Interviewers. Potential Key Advisors were invited to training sessions to facilitate subject identification. Throughout the data collection period, new Interviewers were trained with care using the same materials and techniques. A videotape of the training session was prepared and used to assure consistency.

Survey Instruments

The primary instrument in this research was the Homeless Person Survey Instrument. This questionnaire was adapted from the instrument used in the 1984 study. Since this was a replication, much of the original material was used exactly as it was in 1984. It was expanded to include the following: health; drug and alcohol use/abuse; sexual activity and use of contraception; family structure of persons interviewed; more questions about the pattern of life prior to homelessness and questions about services usage. Consistent with the 1984 Ohio study, mental health was defined as being free of psychiatric symptoms. The Psychiatric Status Schedule (Spitzer, Endicott, & Cohen, 1970) was used to operationalize the definition in both the original and the replication studies. The Homeless Person Survey Instrument consisted of three sections:

Section I: Demographic and Life Experience Information

This section contained 101 questions about the various characteristics and experiences of homeless people. The topics covered such things as living arrangements, reason for being homeless, patterns of homelessness, transience, use

of human services including mental health services, employment history, medical concerns, drug and alcohol usage, family structure and social support and general well-being.

Section II: Psychiatric Status Schedule

This section used 10 selected scales of the Psychiatric Status Schedule (PSS) developed by Spitzer, et. al. (1970). The 10 scales are: (1) Depression-Anxiety; (2) Suicide-Self Mutilation; (3) Speech Disorganization; (4) Inappropriate Affect, Appearance, Behavior; (5) Agitation-Excitement; (6) Interview Belligerence-Negativism; (7) Disorientation-Memory Impairment; (8) Retardation-Lack of Emotion; (9) Grandiosity; and (10) Suspicion-Persecutions-Hallucinations. The scores from these scales were used to examine the relationship between psychiatric symptoms and various experiences as well as conditions and resources of homeless people. Findings from the PSS will be presented more fully in the final and special reports.

Section III: Interview Post-Mortem

This section of the questionnaire contained items that were completed after the interview by the Interviewers. These items are straightforward in content and included such things as setting where the interview occurred, respondent characteristics (gender, unusual behaviors), and an assessment of the accuracy of respondent's answers.

The large sample and the expanded questionnaire allowed the survey to cover structure and characteristics of homeless families, to obtain more complete information on health care and drug/alcohol use and to assess differences in the homeless population by economic and other differences in the rural counties. Interviews averaged about 45 minutes; although some took only 30 minutes, others lasted as long as two hours.

The Screening Form was the only other instrument used in the research. It was used to document characteristics which were observed when talking with a homeless person even if they refused to be interviewed or if they were unable to be interviewed.

Data Analysis

Data analysis was conducted using the computer facilities of The Ohio State University. The analyses were completed using Statistical Analysis System (S.A.S.) and the Statistical Package for the Social Sciences (SPSS-X). Preliminary analyses includes frequencies and percentages describing the prevalence of homelessness and some characteristics of homeless people. Full analyses of statewide data, subpopulation studies, development of scales on problems such as mental illness, substance abuse, and development of patterns and typologies of rural homelessness will be contained in the final report.

Methodological Issues

Application of the definition of homelessness became troublesome in the rural areas where urban definitions did not fit well, and where local residents' perception of homelessness is contrary to the operational definition used in the study. To guard against the use of multiple interpretations of homelessness, Interviewers were carefully selected across the state and required to attend training sessions on the study's methodology, with an emphasis on the operational definition of homelessness. In addition, Key Advisors and Interviewers were given written guidelines for determining eligibility of individuals for the study.

Finally, all completed interviews were reviewed by the research staff to assure eligibility of the respondents.

The degree to which respondents answered questions honestly was a concern. When highly personal questions were asked; respondents were given the option of refusing to answer individual questions, if they felt uncomfortable about them. Further, Interviewers were asked to rate the respondents' levels of honesty as part of the postmortem section of the questionnaire. Overall, Interviewers rated respondents as being fairly to completely accurate 95.4 percent of the time.

The aim of this study was to interview all homeless people in a 21 county area over a six month period of time. Multiple procedures were used to locate homeless people throughout the geographic area of each county in the sample. Some homeless people were unable to be interviewed and were counted in the brief screening forms. Others, living in their cars or public campgrounds, were highly mobile and more difficult to locate. While it is difficult to claim that all the homeless were interviewed, the size of the sample and the rigorous methods employed support the contention that those interviewed are a representative sample of the rural homeless in Ohio. A related issue is that of double counting. There were two methods employed to assure that each respondent was only in the sample once. First, each person was asked if he/she had been interviewed before, at the start of an interview. Since there was no payment for the interview, there was little incentive to repeat it. In addition, each interview had a code number comprised of the respondent's birthdate and first three letters of their last name. No duplicates were found in the analysis.

The data reported here are intended to be viewed as preliminary findings. Major variables have been selected for analysis about the rural homeless population in general. More complex analyses and descriptions of sub-populations will be completed and included in the final report.

FINDINGS

How Many Homeless Persons Are There?

Social scientists studying homelessness are frequently asked to estimate the prevalence and rates of homelessness. Since finding "all the homeless" is acknowledged as impossible, probability estimates are used. Using counts collected in randomly chosen areas, estimates can be made about similar geographic areas. Since those found cannot be an over-count and are most usually an under-count, these estimates are most reasonably considered a minimum.

The following is a summary of the calculations performed to estimate the amount of homelessness in rural Ohio during a one year period. Using our intensive case finding system, the project interviewed 921 homeless adults and documented the existence of 480 children with these adults over the six months of the study. Since the data represented a six month count, results were doubled. Estimates were calculated using the 1990 population projections for 75 rural counties and the rates of homelessness by region generated in the 21 randomly selected counties. Point estimates were calculated based on cluster sampling combined with stratification--the counties being the clusters and regions being the strata. Based on data in this study, a most conservative estimate is that there are at least 11,732 people who will be homeless in rural Ohio in the course of a year. The 95 percent confidence limits suggest this number could be as low as 6580 or as high as 16,886. Rates varied by geographic region and the rate for the state is almost two people per 1,000 of population in the 75 rural counties (see Table 3).

Table 3

Rates of Homelessness by Region - 1984 & 1990

	Population*	% of Region	Rate 1984	Rate 1990** (N=921)	Rate 1990*** (N-1401)
NORTHEAST					
Ashland	46,249	4.7			
Erie	75,574	7.7			
Geauga	75435	7.7			
Holmes	30,973	3.2			
TOTAL	228,231	23.3	.00008	.00066	.001
NORTHWEST					
Allen	105,104	13.6			
Fulton	39,350	5.1			
Paulding	19,894	2.6			
Wood	107,199	13.9			
TOTAL	271,547	35.2	.00011	.0006	.0011
CENTRAL					
Crawford	47,530	7.5			
Pickaway	41,418	6.5			
Union	32,358	5.1			
Wyandot	22,053	3.5			
TOTAL	143,359	22.6	.00039	.00085	.0011
SOUTHEAST					
Hocking	25,042	2.5			
Jefferson	82,800	8.1			
Noble	11,137	1.1			
Vinton	11,280	1.1			
Washington	65,197	6.4			
TOTAL	195,456	19.2	.00030	.001	.0019
SOUTHWEST					
Brown	35,461	4.4			
Clermont	147,588	18.3			
Preble	38,617	4.8			
Logan	39,662	4.9			
TOTAL	261,328	32.4	.00027	.00095	.0016
TOTAL	1,099,921				

* 1990 projections, Ohio Data Users Center, 1988
** 1990 sample without children
*** 1990 sample with children

Some homeless people who were identified were unable to be interviewed, however, a count was maintained so they could be included in our estimates. The number in this group ranged from 0 to 73 per county and averaged 18.2. Calculating for the 75 counties and the whole year another 2,730 people were added to the estimate. Therefore, using this data the number of homeless people in rural Ohio throughout a year is probably closer to 14,462, and the best estimate to the outside confidence limit could reasonably be estimated as high as 19,616 with a rate of 3.4 per thousand.

Using the 1984 data (Roth et al., 1985) which did not count children, the rate of homelessness for the state was calculated to be two per ten thousand people of population in the rural counties. This was an under-count since children were excluded so it is difficult to make a direct comparison. Although further analysis will be done to estimate the rate of change, it is clear that there is a substantial increase in the numbers of homeless people in rural areas of Ohio in 1990 as compared with 1984.

What Are Their Characteristics?

Preliminary analysis revealed some important characteristics of homeless people in rural communities. These characteristics include information about their gender, age, education and other demographics. Patterns of homelessness are also described.

Demographics. A summary of the respondents' characteristics is presented in Table 4. Of the 921 homeless people interviewed in this study, 446 (48.4%) were male and 475 (51.6%) were female. Minorities accounted for 14.3 percent of the sample (10.1% African American); by comparison, the average percentage of African Americans in our sample counties, according to the 1980 Census was only 3.8 percent per county.

The age range of homeless respondents was 18 to 85 years. The mean age was 31.5 years and the median was 29 years. Seventy-eight percent of the respondents were between 18 and 39 years. Only 8 percent were age 50 and older. Over half of the homeless respondents had graduated from high school (56.5%) and 13.5 percent had either attended or graduated from college. Thirty-five percent had completed grades nine through eleven while only 7.6 percent had an education of eighth grade or less.

Nearly one-third (31.9%) of the homeless respondents had never been married, 38.9 percent were separated, divorced, or widowed, and 28.1 percent were married or living together. Almost fourteen percent (13.7%) of the homeless persons were military service veterans including 4.6 percent who reported being Vietnam-era veterans; 85.8 percent reported that they had not previously served in the military.

Patterns of Homelessness. At the time of being interviewed, 14.6 percent of the homeless respondents reported living in limited forms of shelter (cars, abandoned buildings, and public facilities) or having no shelter; 39.2 percent reported living in missions, shelters, or cheap hotels and motels. Nearly one-half (46.2%) were living in other places: 27.3 percent with family members and 18.9 percent with friends (See Table 5).

Table 4

Demographics of the Homeless Sample - 1990
N = 921

Characteristics	N	%
SEX		
Male	446	48.4
Female	475	51.6
TOTAL	921	100.0
ETHNICITY		
White	781	84.8
Black	93	10.1
Hispanic	23	2.5
Other	16	1.7
No answer	8	0.9
TOTAL	921	100.0
AGE		
18-29 years	481	52.3
30-39 years	241	26.0
40-49 years	125	13.7
50-59 years	46	5.0
60 years and over	25	2.7
No answer	3	0.3
TOTAL	921	100.0
EDUCATION		
1-8 grades	70	7.6
9-11 grades	322	35.0
High school grad +	521	56.5
No answer	8	0.9
TOTAL	921	100.0
MARITAL STATUS		
Married/living together	259	28.1
Separated/divorced	340	36.9
Widowed	18	2.0
Never been married	294	31.9
No answer	10	1.1
TOTAL	921	100.0
VETERAN STATUS		
Yes	126	13.7
(Vietnam Veteran)	(42)	(4.6)
No	790	85.8
No answer	5	0.5
TOTAL	921	100.0

Table 5

Patterns of Homelessness - 1990
N = 921

	N	%
MAJOR REASONS HOMELESS		
Family conflict/dissolution	280	30.4
Eviction/problem paying rent	241	26.2
Unemployed	174	18.9
Disaster victim	58	6.3
Alcohol/drug abuse	47	5.1
Deinstitutionalized	16	1.7
Other	105	11.4
WHERE HOMELESS PERSON STAYED PREVIOUS NIGHT		
Family/friends	425	46.2
Shelter	276	30.0
Hotel/motel	85	9.2
Car	73	7.9
Street	39	4.2
Other	23	2.5
RESIDENT OF COUNTY 1 YEAR OR MORE	483	52.4
LENGTH OF TIME HOMELESS		
Median	49 days	
Range	1 day to 14 years	

For many of the respondents, homelessness was a relatively new experience. Nearly 89 percent of those interviewed had been homeless for one year or less, half for 49 days or less. Some respondents had been homeless for extended periods, including 21 persons who had been homeless for more than 5 years. The mean length of time homeless for all persons in the sample was just over 7 months.

Regarding mobility, 52.4 percent of the respondents were either permanent or long-term (more than one year) residents of the area where they were interviewed. Thirty percent were recent arrivals having lived in the area for four weeks or less. Over one-half of the non-permanent residents (51.1%) had moved from another state, while 48.6 percent had moved from another Ohio county to their current county of residence.

Respondents were asked to identify the most important reason for their current homelessness. Economic factors (unemployment, problems paying rent and eviction), were cited by 45.1 percent of the sample. Family problems (family conflict and dissolution) were cited by 30.4 percent of the respondents. Only 2.4 percent stated that

they were homeless because "they just liked to move around". Release from mental hospital was indicated by 1.7 percent as the major reason for their homelessness.

What are the Resources and Needs of Homeless People?

Employment. Most of the respondents (89.9%) had worked for pay previously in their lives and nearly one-third (31.2%) had worked for pay in the month preceding their interview. Of the respondents who had worked in the past month, 43.2 percent had worked in permanent full-time positions, and 20.2 percent had worked in permanent part-time positions (See Table 6).

Income. Approximately two-thirds of the respondents (67.6%) had received income in the month preceding their interview. The most frequently mentioned sources of income included earnings (26.2%), welfare (26.1%), SSI/SSDI (7.2%) and social security or pension (2.0%). Although many of the respondents stayed with relatives, income provided by family and friends was very limited (3.3%).

Social Networks and Supports. Approximately one-half of the respondents (52.2%) stated that they had relatives they could count on for help and 52.9 percent indicated that they had friends they could count on for help. These same questions were previously asked of a random sample (N=2157) of the general adult population in five rural Ohio counties (Stefl, 1983). In the Stefl study, more than 90 percent of respondents indicated they had family and friends to count on. Compared with the general Ohio population, a smaller percentage of homeless respondents believed they had relatives or friends on which they they could count on.

Mental Health. A total of 151 respondents (16.4%) had been hospitalized at least once for emotional or mental health problems. Fifty-six (6.1%) had been hospitalized at least once in a state psychiatric facility while 105 respondents (11.4%) had been hospitalized at least once in a general hospital setting for psychiatric reasons (See Table 7).

Using the Psychiatric Status Schedule and criteria of seriousness developed by Spitzer, Endicott, Cohen, & Nee (1980), and confirmed in the 1984 study (Roth et al., 1985), only 41 individuals (4.4%) were identified as having serious symptoms on the psychiatric severity scale. This scale included depression-anxiety, suicidal, grandiosity, and suspicious-hallucinations elements. Disorders labeled behavioral disturbances such as memory, agitation, belligerence, etc. were measured on the behavioral disturbance severity scale. Fifty-nine respondents, (6.4%) were found to have serious problems in this area.

Physical Health. Over 90 percent of the respondents reported their general health status to be either good or fair. Only 8 percent stated that their health was poor. However, when asked if they had major health problems for which they should see a doctor, 25.3 percent indicated that they did. The most frequently mentioned health problems included heart and circulatory problems, respiratory problems, problems with pregnancy, musculoskeletal diseases, and injuries and poisoning. Nearly 36 percent of the respondents stated that they had seen a medical person in the past three months while nearly 29 percent indicated that it had been one or more years since they had seen a medical professional.

Table 6

Resources Available to Homeless Persons - 1990
N = 921

Resources Available	N	%
EMPLOYMENT HISTORY		
Have been employed	828	89.9
Worked in past month	287	31.2
Worked full-time	(124)	(43.2)
INCOME IN PAST MONTH	623	67.6
MAJOR SOURCE OF INCOME		
Earnings	241	26.2
Welfare	240	26.1
SS/pension	19	2.0
SSI/SSDI	66	7.2
Family/friends	30	3.3
RELATIVES YOU CAN COUNT ON	481	52.2
FRIENDS YOU CAN COUNT ON	487	52.9

Table 7

Indicators of Service Needs - 1990
N = 921

	N	%
MENTAL HEALTH		
Prior hospitalization	151	16.4
Serious psychiatric problems	41	4.4
Serious behavior problems	59	6.4
PHYSICAL HEALTH		
Health problems	233	25.3
No medical care for more than a year	266	28.8
Contraception		
don't use	510	55.4
Pregnant	39	8.2 (of women)
not receiving prenatal care	11	2.3 (of women)
SOUGHT HELP FOR ALCOHOL PROBLEM	154	16.7
SERVED TIME IN PRISON	96	10.4
USED BATTERED WOMEN'S SHELTER	43	4.7
OUT OF HOME CARE AS A CHILD	123	13.4

Women and Pregnancy. Thirty-nine (8.2%) of the female respondents reported being pregnant at the time of the interview; eleven, a little over a third, reported they were not receiving prenatal care. Of the twenty-eight homeless women in pre-natal care, 64.3 percent reported using public health clinics.

Sexual Activity and Use of Contraceptives. In order to assess risk for AIDS, other venereal diseases and pregnancy respondents were asked if they would discuss personal questions about contraceptives. One hundred one respondents (11%) stated that they had no sexual partner in the past six months. Use of contraceptives among the other respondents ranged from 0 to 100 percent of the time. More than half of all respondents (55.4%) reported they did not use contraceptives. Of the 712 respondents (77.3%) who stated that they were sexually active, 45.7% used some form of contraceptive. Of those who reported using contraceptives, the most frequently used methods were pills, condoms, and sterilization. However, condoms were only used by 11.1 percent of those sexually active.

Other Problems. The seriousness of problems and implications for service needs will be identified in subsequent data analysis. At this stage it can be reported that 16.7 percent (N=154) stated they had sought help for an alcohol problem, 10.4 percent had served time in prison and 4.7 percent (9.1 percent of the women) had used a battered women's shelter in the month prior to the interview.

What are the Characteristics of Homeless Families?

The survey interviewed 247 adults who were heading family units with 480 children under 18 years of age with them. This comprised 26.8 percent of the adult sample. Table 8 displays the demographic characteristics of these families.

Most of these families were headed by single parents, (67.9%) with only about a third of these families headed by two adults. Only three of the single parents were fathers. Racial composition was comparable to the total sample but the heads of families were younger (median = 27 years) and less educated than the sample of adults as a whole.

Table 8

Characteristics of Homeless Families - 1990
N = 247

	N	%
ADULT RESPONDENT CHARACTERISTICS		
Parental Structure		
Single	168	68.0
Two adult	79	32.1
Educational Level		
8th grade or less	9	3.6
9th - 11th grade	105	42.5
High school grad or more	133	53.8
Race		
White	209	84.6
Black	26	10.5
Hispanic	4	1.6
Other	7	2.8
Missing	1	.4
NUMBER OF CHILDREN WITH FAMILY		
1	95	38.5
2	88	35.6
3	40	16.2
4	12	4.9
5+	11	4.4
Missing	1	.4
TOTAL HOMELESS CHILDREN (DOCUMENTED)	480	
MEDIAN AGE OF PARENTS	27 years	

Families were homeless on the average for 40 days (49 days for the total sample) with a range from one day to more than 4 years. Economic and family conflict factors were more likely to be reasons for homelessness in families than in the adult group as a whole. Families were less transient and more likely to be staying with other family members or friends than the total respondent group (See table 9).

Table 9

Homeless Families: Patterns of Homelessness - 1990
N = 247

	N	%
MAJOR REASONS HOMELESS		
Family conflict/dissolution	92	37.3
Eviction/problem paying rent	78	31.6
Unemployed	29	11.7
Disaster victim	24	9.7
Alcohol/drug abuse	6	2.4
Other	18	7.3
WHERE HOMELESS FAMILY STAYED PREVIOUS NIGHT		
Family/friends	149	60.3
Shelter	58	23.5
Hotel/motel	22	8.9
Car	11	4.5
Street	3	1.2
Other	4	1.6
RESIDENT OF COUNTY 1 YEAR OR MORE	142	57.5
LENGTH OF TIME HOMELESS		
Median	40 days	
Range	1 day to 4 years	

Is The Homeless Population Changing?

To make comparisons between the populations of rural homeless people in 1984 and 1990, the study used exactly the same methods and questions in 16 of the counties both times. Tables 10 and 11 present characteristics of the 16 county homeless populations during the two time periods. These findings report only descriptive comparisons of the two groups as a whole. Additional analyses to control for age, gender and other variables and significance tests will be completed for the final report.

Table 10

Comparison of Demographics of the Rural Homeless Samples - 1990 and 1984

Characteristics	1990 (N = 630) N	1990 (N = 630) %	1984 (N = 189) N	1984 (N = 189) %
SEX				
Male	293	46.5	128	67.7
Female	337	53.5	61	32.3
TOTAL	630	100.0	189	100.0
ETHNICITY				
White	566	89.8	173	91.5
Black	43	6.8	11	5.8
Hispanic	11	1.7	3	1.6
Other	6	1.0	0	.0
No answer	4	.6	2	1.0
TOTAL	630	100.0	189	99.9
AGE				
18-29 years	349	55.4	90	47.6
30-39 years	159	25.2	46	24.3
40-49 years	71	11.3	25	13.2
50-59 years	35	5.6	15	9.9
60 years and over	14	2.2	10	5.3
No answer	2	.3	3	1.6
TOTAL	630	100.0	189	99.9
EDUCATION				
1-8 grades	43	6.8	33	17.4
9-11 grades	204	32.4	73	38.6
High school grad +	379	60.2	82	43.4
No answer	4	.7	1	.5
TOTAL	630	100.0	189	99.9
MARITAL STATUS				
Married/living together	205	32.6	44	23.3
Separated/divorced	225	35.7	69	36.5
Widowed	9	1.4	4	2.1
Never been married	184	29.2	72	38.1
No answer	7	1.1	0	.0
TOTAL	630	100.0	189	99.9
VETERAN STATUS				
Yes	78	12.4	46	24.3
(Vietnam Veteran)	(26)	(4.1)	(10)	(5.3)
No	550	87.3	142	75.1
No answer	2	.3	1	.5
TOTAL	630	100.0	189	99.9

It is easy to see that in 1990 a greater proportion of the rural homeless are women. As a group, the 1990 respondents are younger with 55.4 percent 29 years old or less compared to 47.6 percent in this category in 1984. They are also better educated and more likely to be in a partner relationship. There are fewer veterans in the 1990 group, probably because of the change in gender, age, and overall rates of military service.

Table 11

Comparison of Selected Variables from the Rural Homeless Samples - 1990 and 1984

	1990 (N = 630)		1984 (N = 189)	
	N	%	N	%
MAJOR REASONS HOMELESS				
Family conflict/dissolution	201	31.9	54	28.6
Eviction/problem paying rent	159	25.2	45	23.8
Unemployed	113	17.9	40	21.2
Disaster victim	51	8.1	4	2.1
Alcohol/drug abuse	24	3.8	8	4.2
Deinstitutionalization	10	1.6	6	3.2
EMPLOYMENT HISTORY				
Have been employed	563	89.4	177	93.6
Worked in past month	197	31.3	67	35.4
Worked full-time	89	14.1	62	32.8
INCOME IN PAST MONTH	430	68.3	150	79.4
MAJOR SOURCE OF INCOME				
Earning	173	27.5	47	24.9
Welfare	167	26.5	52	27.5
SS/pension	12	1.9	28	14.8
Family/friends	28	4.4	9	4.8
PRIOR PSYCH HOSPITALIZATION	84	13.3	51	27.0
SERIOUS PSYCH PROBLEMS	19	3.0	7	3.7
SERIOUS BEHAVIOR PROBLEMS	17	2.7	9	4.7
PHYSICAL HEALTH PROBLEMS	155	24.6	56	29.6
Drinking a lot	36	5.7	20	10.6
RELATIVES YOU CAN COUNT ON	373	59.2	82	43.4
FRIENDS YOU CAN COUNT ON	369	58.6	108	57.1
LENGTH OF TIME HOMELESS				
Median	45 days		60 days	

Economic and family conflict continue to be the two major reasons reported for homelessness; however, the median time homeless was shorter in 1990 and only 5 percent report being homeless longer than two years while in the 1984 sample this figure was 11.1 percent. In addition, strengths and problems appear to differ slightly. The 1984 homeless people were more likely to have worked in the last month and more likely to have had income. They were also less likely to report they had family they could count on. The 1990 sample reported more access to resources. They felt more able to call on family for help and had more income from both welfare and earnings. They also indicated fewer problems with health and alcohol and were less likely to have been hospitalized for psychiatric problems, but they were quite similar in the smaller percentages who had current serious symptomatology of mental illness.

SUMMARY AND CONCLUSIONS

The purpose of this section is to summarize the prior data and discuss the national, as well as state and local, implications of the findings. A major aim in designing this study was to obtain a more comprehensive picture of homelessness in rural communities in Ohio. Given the regional diversity of Ohio counties and the fact that the only major prior study with both urban and rural data was conducted in Ohio, the findings from this new study provide an excellent basis for: a) providing a more current and in-depth picture of the problem in rural Ohio: and b) understanding the implications of this data on homelessness in a larger national context. Preliminary findings with respect to the prevalence and patterns of rural homelessness are summarized below.

Clearly homelessness is a social problem that can no longer be viewed as limited to major urban areas in the United States.

-- Rates of homelessness in rural counties in Ohio have increased rapidly since the mid-1980s;

-- A conservative estimate is that more than 14,000 persons will be homeless in the 75 rural counties in Ohio sometime during the year;

-- Counties with medium sized cities and/or changing economic conditions generally show the highest rates of homelessness.

Major differences exist in the demographic characteristics of the rural as compared with urban homeless populations. Data from this study support prior findings that homeless persons in rural areas are younger, more likely to be women or mothers with children, more educated and less disabled than their urban counterparts.

-- The median age was 29 years, and 78% were between 18 and 39 years of age.

-- Of the 921 persons interviewed, 51.6% were female and 49% of the women were mothers with children with them. A total of 480 children, the majority of whom were in female headed households, were documented.

-- Over one-half (56.5%) of the homeless respondents graduated from high school; 13.5 percent had either attended or graduated from college.

-- One hundred and fifty one respondents (16.4%) had been hospitalized previously for mental health or emotional problems.

The direction of these rural-urban demographic differences is consistent with patterns established in the 1984-85 Homelessness In Ohio study (Roth, et.al., 1985). The extent of change in the rate of homelessness in rural counties since the mid-1980s is highly significant and demands the attention of policy makers.

Patterns of homelessness in rural communities are varied, but with five major sub-types:

-- Young families (26.8%) no longer able to close the gap between housing costs and total household income;

-- Individuals currently employed full or part-time (31.2%) but with too little income to afford housing;

-- Women (median age 27) unable to work due to child care responsibilities or limited skills to meet the demands of a changing labor market;

-- Men, compared to women, who are generally older (median age 31), homeless longer, and more likely to be disabled with fewer supports;

-- Disabled persons without the social networks and supports to live independently in the community.

Significant differences exist among the 21 rural counties in both the numbers and characteristics of persons who become homeless.

-- In general the number of homeless persons identified is greater in those counties undergoing a transition from rural to urban, or faced with a major economic shift, such as the loss of a major source of industrial employment.

-- Variations exist in the rate of homelessness by region, with the highest rate in the poverty counties of southeast Ohio.

-- Counties with emergency shelter care facilities are faced with the responsibility of care for homeless person who are residents of counties without shelters.

This study represents the first systematic and large scale effort to understand homelessness in rural areas. In addition to being the largest rural study to date, two additional provisions in the research are equally important: the generalizability and the measurement of change in the population from 1984 to 1990.

The sampling methods (random selection of rural counties and intensive case finding over a 6 month period) together with the large number of cases (N=921 adults) provide the necessary prior conditions for making some general statements about the nature and extent of the problem in geographic areas of comparable size and type. The previously discussed projections for all 75 rural counties in Ohio are well grounded and methodologically sound. Subsequent analysis will be done to classify the counties and identify patterns of homelessness. This level of analysis will provide support for making inferences about

similar demographic and geographic areas in the mid-west and possibly other regions of the United States. To date we know that there are intra-state differences by region and/or type of county but the factors associated with these differences have to be examined further. The depressed economic conditions of southeastern Ohio and the patterns of homelessness related to changing agricultural and manufacturing economies of the state offer the potential for further comparative analysis.

The replication element in this study is unique, and to the best of our knowledge, has not been undertaken in any other current research on homelessness. The extent of the increase in the number of homeless persons identified as well as the demographic differences in variables such as gender and age are disturbing but important findings. This raises a number of new and difficult questions for policymakers, advocates and others. Is this rapid growth in the rate of rural homelessness a reflection of the changing economic conditions in rural communities, a lack of attention to the social problems that accompany major shifts in the structure of work, family and other institutional support systems, or is homelessness in America this much more pervasive and widespread in 1990 than it was in the mid-1980s?

No doubt some observers will raise questions related to the definitional and sampling issues in this research. There are major technical problems and political issues that result from survey research efforts on homelessness. The technical dilemmas of definition and methods for measurement of the extent of homelessness merit further clarification. Homelessness is not and cannot be a precisely defined condition (Wright, 1989). However some of the problems in comparability can be overcome by utilizing the same definition and sampling methods. This leaves one remaining problem--locating the individuals and families who are homeless at the time the interviews are being conducted.

In this study the same definition and sampling methods were employed at both times, 1984 and 1990. However, it is not possible to say that this resulted in the identification of all homeless persons or that the case finding efforts were equally intensive. Our experience with the data collection efforts in the 1984-85 study (First, Roth & Arewa, 1988; First & Toomey, 1989; Roth, Toomey & First, in press) proved to be helpful in planning and implementing the 1990 data collection in the rural counties. This resulted in greater uniformity of effort in the 21 locations and more comprehensive search activities over the full span of 6 months. Thus, efforts to calculate a precise rate of increase are influenced by the relative success of the 1990 data collection efforts. The direction of change can be clearly seen and is highly significant. The limitation is in estimating the exact size of the growth.

Further analysis of the data are currently under way and will be reported more fully in the final report, as well as a series of special reports, to be released in March of 1991.

Despite differences in definition and sampling methods the cumulative knowledge gained from research on homelessness in the 1980s has played an important part in urban community efforts to alleviate the problem. *Hopefully this research can become a first step in the difficult task of understanding and preventing the growth of homelessness in rural areas of the United States during the 1990s.*

REFERENCES

First, R. & Toomey, B. (1989). Homeless men and the work ethic. *Social Service Review*, 4 (1), 113-126.

First, R., Roth, D., & Arewa, B. (1988). Homelessness: Understanding the dimensions of the problem for minorities. *Social Work*, 33 (2), 120-124.

Flora, C. & Flora, J. (1989). Rural area development: The impact of change. *Forum for Applied Research and Public Policy*, 4 (3), 50-52.

Patton, L. (1988). The rural homeless. In Institute of Medicine, Committee on Health Care for Homeless People (Ed.) *Homelessness, Health, and Human Needs*. Washington, D.C.: National Academy Press.

Patton, L. (1987). *The rural homeless*. Washington, D.C.: Health Resources and Services Administration. U.S Department of Health and Human Services.

Rossi, P. (1989). *Down and out in America*. Chicago: University of Chicago Press.

Roth, D., Bean, J., Lust, N., & Saveanu, T. (1985). *Homelessness in Ohio: A study of people in need*. Columbus: Ohio Department of Mental Health.

Roth, D., Toomey, B., & First, R. (in press). Gender, age, and racial variations. In M. Robertson & M. Greenblatt (Eds.), *Homelessness: The national perspective*. New York: Plenum.

Spitzer, R. L., Endicott, J., Cohen, J., & Nee, J. (1980). The psychiatric status schedule for epidemiological research. *Archives of General Psychiatry*, 37, 1193-1197.

Spitzer, R., Endicott, J., & Cohen, J. (1970). The psychiatric status schedule: A technique for evaluating psychopathology and impairment in role functioning. *Archives of General Psychiatry*, 23, 41-55.

Wright, J. D. (1989). *Address unknown the homeless in America*. New York: Aldine de Gruyter.

SPSS, Inc. *SPSS-X Data Analysis System*. Chicago: SPSS, Inc.

RURAL HOMELESSNESS PROJECT STAFF

Co-Principal Investigators

Richard J. First, Associate Professor, The Ohio State University

Beverly G. Toomey, Professor, The Ohio State University

John C. Rife, Assistant Professor, Indiana University

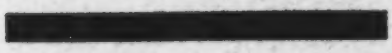
Columbus Central Office Staff

Crystal Allen
Nancy Cline
Richard Greenlee
Brita Kilgore
Nancy Nikiforow
Amy Rohling
Cathryne Schmitz
Donna Childs
Ben Edward
GeorgeAnn Henderson
Leah Kirkpatrick
George Pfaff
Linda Royalty
Cathy Young

County Coordinators

County	Name(s)
Allen	Precia Shenk Stuby and Lynne Wortham
Ashland	Debbie Fulk
Brown	Vicky Watson and Leslie Borgmann
Clermont	Michael Proulx and Sandy Mitchell
Crawford	Tom O'Leary and Carol Stanley
Erie	Robert Kline
Geauga	Pat Phillips
Holmes	Evelyn Bickel
Logan	Nicki Trout
Noble and Washington	Boyer Simcox
Paulding	Jeff Weaner
Pickaway	Judith Sheets
Preble	Martha Feichter
Union	Susan Young
Wood	Michal Urrutia
Wyandot	Lana Sakash

Data collection efforts in the counties of Jefferson, Vinton, Hocking and Fulton were coordinated by Columbus central office staff.



The Ohio State University
Rural Homelessness Research Project
012 Mount Hall
1050 Carmack Rd.
Columbus, Ohio 43210-1002
614-292-8759

Research supported by:
The National Institute of Mental Health
The Ohio Department of Health
The Ohio Department of Mental Health

END

U.S. Dept. of Education

Office of Education
Research and
Improvement (OERI)

ERIC

Date Filmed

March 29, 1991